4:Grajdanzev--175-176 S-4 (no date) 1942 Formosans
116, 276, 435, 733

"In the early days of British commercial domination Taiwan was notorious for the prevalence of opium smoking. When the Japanese conquered the island, they decided to apply a method of licensing opium smokers. Those who were addicted to this evil practice were permitted to continue it on payment of a certain fee for a license, but no new addicts were permitted. In 1898 95,449 addicts were licensed. However, some years later a more careful survey brought to light (1) as many as 165,752. In 1908 there were

1. Y. Takagi. Japan Magazine, 1930, pp. 244-248.

119,991 licensed opium smokers, in 1926 there were 31,434 and it was said that the majority of them were over 55 years age. However, in 1938 there were 10,788 opium smokers still alive. In 1906 when there were at least 130,000 licensed opium smokers, they bought 4,395,497 yen worth of opium; in 1938, when there were only 10,788 opium smokers, they bought 1,863,063 yen worth. The explanation is that in 1906 one kilo of opium was sold by the government for 23.0 yen, in 1938, it cost 120 yen, or five times as much. This reliance on price increases, however beneficial it may have [176] been for the Treasury, has unfortunately led some addicts to turn to other, cheaper substitutes, such as morphine and heroin."

7: Joest--61 [4] E-5 (no date) 1882 Formosans
116, 276

The Chinwan natives of both sexes are very fond of tobacco and almost always have a pipe in their mouth. When I made them a present of cigars, they cut these up and put them in their bamboo pipes.

In the south of the island the natives chew betel, and indulge in this habit in the same degree.

9: Yamasaki--231 [4] N-5 (1896-1897) 1900 Formosans
116, 137, 276

The betel-nut palm (Areca Catechu L.) is a common tree in the plains. Especially in South Taiwan it is planted in gardens. Slices of the fruit mixed with slaked lime and leaves of the betel-pepper are used on Taiwan, by both Malays and Chinese, as a stimulus and offer an agreeable refreshment, when placed in the mouth.

52:Barclay S-5 (nodate)1954 AD1 Formosa AD1

early Western contacts with Taiwan. It all but wiped out some of the military expeditions sent there as tentative colonial ventures by European powers, and later helped to persuade the Japanese to embark on large-scale measures of control.

Malaria was ordinarily endemic in Taiwan. The moist heat, and the practice of admitting water into fields for irrigation in pools that were left to stagnate, helped to nurture the mosquitoes that spread the disease. Occasionally malaria broke out in epidemic form. It was likewise impossible to control, but was simply allowed to run its course. Even in the more fortunate years it served to undermine the strength of Taiwanese during much of the year, and probably also their resistance to other sickness.

In addition to these major diseases, Taiwanese were widely afflicted with the more common debilitating ailments that tend to shorten life and lead to complicating illnesses in Asia. Enteric diseases and internal parasites were always prevalent, as in China. Tuberculosis and venereal disease were later found to be widespread, and presumably had existed also at this earlier period. Superficial skin and eye maladies were frequent. Taiwan's position as a transshipping point in the opium trade introduced a plentiful amount of the drug for local consumption, which impaired the health of the inhabitants still further. In the census of 1905, it was found that nearly one-fifth of all Taiwanese men over age 30 were known users of opium, and there were probably others who managed to conceal the fact. As external trade increased, surreptitiously and openly, Taiwan became exposed to a wider variety of diseases and a greater number of transmitting agents from outside. At the same time, the official policy of seclusion also kept out the techniques that the West was evolving to deal with them.

These baneful health conditions added new hardships for the people who migrated to Taiwan. The risks of death thus engendered became a formidable feature of everyday living. Moreover, under the pressure of poverty many families apparently eliminated certain unwanted offspring, either through exposure or deliberate neglect. As a result, a large proportion of those who were born into the population never survived to adulthood. The dangers to life were such that probably Taiwan gained few if any people through natural increase; very high fertility was needed merely to offset the losses through death.

52:Barclay S-5 (no date)1954 AD1 Formosa AD1

tation were confined to some of the major cities, the influence of these broader health measures gradually spread evenly over most of the island. In this way Japanese gained results that were very substantial through the use of none but crude techniques.

The Japanese policy toward opium addiction was less consistent, for here they found welfare goals to be in conflict with profit motives. They made the manufacture of opium a government monopoly, and closely regulated its sale. The announced purpose for this control was to eradicate the use of the drug, but the Taiwanese occasionally complained that officials secretly abetted its consumption. The truth of the matter is not clear, but their success in other tasks suggests that opium addiction could have been stamped out far more quickly if they had made a determined effort to do so. Some of their own records show that new users of opium were being granted licenses as late as the 1920's. It is likely that the Japanese appreciated the effectiveness of addiction in enervating the resistance to their rule among wealthy families, and they made no secret of the steady public revenues that they derived from opium sales.[12]

The Evidence for Measurement of Mortality

There is not much point in describing the purposes and methods of public health work without having some independent appraisal of results. Such efforts have often been sponsored elsewhere with much fanfare and little accomplishment. The only trustworthy way to view the results of economic and sanitation policies in prolonging life is through some form of measurement; this is likewise the only precise way of comparing the risks of death in Taiwan and in other areas.

Fortunately the data that exist to gauge mortality in Taiwan are excellent. The occurrence of many kinds of illness involving danger of contagion was required by law to be reported to the authorities. Partly as a means of avoiding contamination of the living by the dead, and partly just as a means of tightening official control over the reporting of disease, the Japanese also strictly regulated burials and cremations.[13] The rigors of enforcing these rules led to concealment of some illness and evasions by mis-stating exact causes of

[12] A careful study of opium addiction in Taiwan and its relation to mortality is contained in Tu Tsung-ming (1935 and 1938).

[13] See Hsü Tze-wei (1946), p. 449.